## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

CA 92000 -0038

| (Column 1) (Column 2)                                                                                                                                                            |                                                |                                           |                                       |                               |              |                  |       | SMALL ENTITY TYPE   |                        |          | OTHER THAN OR SMALL ENTITY |                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|---------------------------------------|-------------------------------|--------------|------------------|-------|---------------------|------------------------|----------|----------------------------|------------------------|--|
| TOTAL CLAIMS                                                                                                                                                                     |                                                |                                           | 17                                    |                               |              |                  | 1     | RATE                | FEE                    | 1        | RATE                       | FEE                    |  |
| FOR                                                                                                                                                                              |                                                |                                           | NUMBER FILED                          |                               | NUMB         | ER EXTRA         |       | BASIC FEE           | <del></del>            | OR       |                            | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                          |                                                |                                           | 17 minus 20=                          |                               | . @          |                  |       | X\$ 9=              |                        | OR       | X\$18=                     | -                      |  |
| INDEPENDENT CLAIMS                                                                                                                                                               |                                                |                                           | ₩ minus 3 =                           |                               | • /          |                  |       | X40=                |                        | OR       | X80=                       | 80                     |  |
| MU                                                                                                                                                                               | LTIPLE DEPEN                                   | IDENT CLAIM P                             | RÉSENT                                |                               |              |                  |       | +135=               |                        |          | +270=                      | 00                     |  |
| * If the difference in column 1 is                                                                                                                                               |                                                |                                           | less than zero, enter "0" in column 2 |                               |              | olumn 2          |       | TOTAL               |                        | OR<br>OR | TOTAL                      | 790                    |  |
| CLAIMS AS AMENDED - PART II                                                                                                                                                      |                                                |                                           |                                       |                               |              |                  |       |                     |                        | 011      | OTHER                      |                        |  |
|                                                                                                                                                                                  |                                                | (Column 1)                                |                                       | (Colur                        | mn 2)        | (Column 3)       |       | SMALL               | ENTITY.                | OR       | SMALL                      |                        |  |
| AMENDMENT A                                                                                                                                                                      |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                  | Total                                          | •                                         | Minus                                 | **                            | •            | =                |       | X\$ 9=              |                        | OR       | X\$18=                     |                        |  |
|                                                                                                                                                                                  | Independent                                    | *                                         | Minus                                 | ***                           | CLAINA       | =                |       | X40=                |                        | OR       | X80=                       |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                   |                                                |                                           |                                       |                               |              |                  |       | +135=               |                        | OR       | +270=                      |                        |  |
|                                                                                                                                                                                  |                                                |                                           |                                       |                               |              |                  |       | TOTAL<br>ADDIT. FEE |                        | OR       | TOTAL<br>ADDIT. FEE        | ,                      |  |
|                                                                                                                                                                                  | (Column 1) (Column 2) (Column 3)               |                                           |                                       |                               |              |                  |       |                     |                        |          | ABBIT. 1 EE                |                        |  |
| AMENDMENT B                                                                                                                                                                      |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                  | Total                                          | *                                         | Minus                                 | **                            |              | =                |       | X\$ 9=              | ,                      | OR       | X\$18=                     |                        |  |
|                                                                                                                                                                                  | Independent                                    | *                                         | Minus                                 | ***                           |              | =                |       | X40=                |                        | OR       | X80=                       | *                      |  |
|                                                                                                                                                                                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                       |                               |              |                  |       | .105                |                        |          | .270                       |                        |  |
|                                                                                                                                                                                  | :                                              |                                           |                                       |                               |              |                  | L     | +135=<br>TOTAL      |                        | OR       | +270=<br>TOTAL             | ·                      |  |
|                                                                                                                                                                                  |                                                |                                           |                                       |                               |              |                  | A     | ADDIT. FEE          |                        | OR       | ADDIT. FEE                 |                        |  |
|                                                                                                                                                                                  |                                                | (Column 1)<br>CLAIMS                      |                                       | (Colur                        |              | (Column 3)       |       | <u>.</u>            |                        |          |                            |                        |  |
| AMENDMENT C                                                                                                                                                                      |                                                | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUMI<br>PREVIO<br>PAID        | BER<br>DUSLY | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                  | Total                                          | •                                         | Minus                                 | **                            |              | =                |       | X\$ 9=              |                        | OR       | X\$18=                     | ,                      |  |
|                                                                                                                                                                                  | Independent                                    | *                                         | Minus                                 | ***                           | CLAINA       | =                |       | X40=                |                        | OR       | .X80=                      |                        |  |
|                                                                                                                                                                                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                       |                               |              |                  |       | +135=               |                        |          | +270=                      |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |                                                |                                           |                                       |                               |              |                  |       |                     |                        | OR       | TOTAL                      |                        |  |
| ***                                                                                                                                                                              | If the "Highest Nu                             | mber Previously Pa                        | aid For" IN THE                       | S SPACE i                     | s less tha   | n 3, enter "3."  |       | DDIT. FEE           |                        |          | ADDIT. FEE                 |                        |  |
|                                                                                                                                                                                  | The "Highest Num                               | nber Previously Pai                       | id For" (Total or                     | r Independe                   | ent) is the  | highest numbe    | r fou | nd in the app       | ropriate box           | in col   | umn 1.                     |                        |  |